APPENDIX A
SACWIS INTEGRATED DATA SET (IDS)
FUNCTIONAL MATRICES

The ID's functional matrices in this Appendix attempt to identify the data elements that support each of the SACWIS functional requirements that are described in the SACWIS Functional Requirements Document.

The functional matrices also attempt to identify which of the data elements are core elements (essential) in each functional area. Elements are considered core if they are required for the mandatory AFCARS system; if they are needed to respond to specific SACWIS functional requirements as specified in the SACWIS Interim Final Rule published in the Federal register on December 22, 1993. These core elements are recommended for every State implementing SACWIS and are currently intended for inclusion in the Prototype System that will serve as the national model.

How to Use the Functional Matrices

Each functional matrix represents a major functional area of SACWIS. The matrices are further divided into subfunctions. Data elements needed to support each function and subfunction are listed in alphabetical order. The subfunctions that the data elements support are denoted buy a checkmark (✓). The criteria described below were used in determining what data elements are identified as necessary for each function and subfunction.

- If data elements may be used to support more than one function or subfunction or to provide information throughout the service delivery process, they are shown only for the first function for which they are needed. Exceptions to this general rule occur when subfunctions may not always be needed. For example, investigation of reports of abuse or neglect will not be needed if the family is voluntarily seeking assistance with ongoing problems. Instead the worker would conduct an assessment. Consequently, the Intake Management Matrix shows some data elements as necessary for both the investigation and assessment subfunctions.

- If data elements are essential in revising records about an individual periodically as required by regulation (not just on an as needed basis f or data elements such as address or phone number), such as for both initial eligibility determination and for determining changes in eligibility (Eligibility Matrix), they are shown as necessary for both of those subfunctions.

- If data elements are required for two discrete purposes that do not build on previous functions, such as for achieving required interfaces and optional interfaces, they are shown as necessary for both of these subfunctions.

- Where subfunctions require the repetition of many data elements that have been included under previous subfunctions, the matrix makes note of the fact that many previously identified data elements support that subfunction, but the matrix does not repeat those data elements (e.g., the reporting subfunction in the Administration matrix which includes all of the data elements required for AFCARS and NCANDS).

- Where subfunctions relate to system security features or office automation features, but do not require additional data elements, the matrix makes note of that (e.g., the administrative support function in the Administration Matrix).

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTAKE MANAGEMENT

Data Element Name	Intake	Screening	Investigation	Assessment
Address (Mail)	√			
Address (Residence)	√			
Age	√			
Allegation		√		
Alleged Perpetrator		√		
Arrested Last Six Months				√
Attending Program (Substance Abuse)				√
Case Open Date		√		
Case Open Reason		√		
Case Worker		√		
Case Worker ID		√		
Caseload Type		√		
Children Abused Last Six Months				√
Children Currently in Placement				√
Chronic/Acute Condition				√
Collateral Person Contact			√	√
Child ID	√			
Client A.K.A.	√			
Client ID	√			
Client Primary Name	√			
Client Problems (Other)				√
Collateral Person Name	√			
Collateral Person Contact			√	√
Convicted Last Six Months				√
County of Report	√			
County of Residence	√			

Current Probation or Parole				√
Current Untreated Health Condition				√
Currently Incarcerated				√
Date of Birth	√			
Date/Time of Report		√		
Diagnosed Condition (Mental Health)				√
Disability				√
Enrolled in Program (Substance Abuse)				√
Family ID	√			
Family Member Relationships	√			
Family Name (Last)	√			
Family Violence Last Six Months				√
Gang Involvement				√
Grade				√
Hispanic Origin	√			
Immunizations Current				√
In School				√
Income Level				√
Income/Need				√
Language (Primary)	√			
Language (Secondary)	√			
Last Check Up				√
Legal Status			√	√
Likely Graduation Date				√
Living Arrangement	√			
Local Agency (FIPS Code)	√			
Maltreatment Date			√	
Maltreatment Death			√	

Field	Col 1	Col 2	Col 3	Col 4
Maltreatment Disposition Level			√	
Maltreatment Type			√	
Mandated Reporter		√		
Marital Status	√			
Medication Type				√
Military Family Member		√		
Military Member		√		
Notifications			√	
On Medication (for Health Condition)				√
Opened (Case)		√		
Parental Rights Termination (Father)		√		
Parental Rights Termination (Mother)		√		
Parenting Skills				√
Perpetrator ID			√	
Perpetrator Maltreatment			√	
Perpetrator Prior Abuser			√	
Phone Number(s)	√			
Phone Number Type	√			
Primary Allegation		√		
Primary Phone	√			
Primary Staff Assigned		√		
Prior Victim		√		
Priority Response Type		√		
Priority Approved by		√		
Priority Date/Time		√		
Provider Type (Mental Health)				√
Race	√			
Receiving Medication (for Mental Health)				√

Receiving Services (for Mental Health)			√
Record Number	√		
Referral Date/Time	√		
Referral Name	√		
Referral Taken by	√		
Regular Source of Dental Care			√
Regular Source of Health Services			√
Report Date	√		
Report Disposition		√	
Report Disposition Date		√	
Report ID	√		
Report Taken by	√		
Report Type (Source)	√		
Reporter Feedback Date		√	
Reporter Feedback Required		√	
Reporter Status	√		
School Name			√
Sex	√		
Social Security Number	√		
Sources of Federal Support/Assistance for Child	√		
State	√		
State of Birth	√		
Status	√		
Untreated Dental Condition			√
Year of Birth	√		

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - ELIGIBILITY

Data Element Name	Initial Eligibility Determination	Changes in Eligibility
AFDC Case Status	√	√
AFDC Grant Amount	√	√
Completion		√
Date Subsidy Began	√	
Date Subsidy Will Cease	√	
Date of Title IV-E Case Status	√	√
Disability	√	
Effective Date	√	√
Eligibility Effective Date	√	√
Eligibility - Meets Requirements	√	√
Eligibility (Program)	√	√
Income Level	√	√
Income/Need	√	√
Legal Status	√	√
Medicaid Case Status	√	√
Monthly Amount	√	√
Monthly Subsidy (Is Child Receiving a Monthly Subsidy?)	√	√
Other Sources of Financial Support	√	√
Primary Factor or Condition for Special Need (Primary Basis)	√	
Source(s) of Federal Support/Assistance for Child	√	√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - CASE MANAGEMENT

Data Element Name	Case Plan	Case Review	Monitoring Case Plan Svcs
Age (When Previous Adoption Legalized)	√		
Amount of Support	√		
Case Close Date	√		
Case Plan Date	√		
Case Plan Goal (Most Recent)	√		
Case Plan Goal Date	√		
Case Plan Objective(s)	√		
Case Plan Objective Date	√		
Child (Ever Adopted)?	√		
Court Action Initiated	√		
Court Order for Support	√		
Date Adoption Legalized	√		
Date Child Was Discharged From last Foster Care Episode (If Applicable)	√		
Date of Adoptive Placement	√		
Date of Discharge From Foster Care	√		
Date of First Removal From Home	√		
Date of Latest Needs Assessment	√		
Date of Latest Removal From Home	√		
Date of Most Recent Periodic Review		√	
Date of Placement in Current Foster Care Setting	√		
Disposition Date	√		
Hearing Outcome	√		
Mother Married (At Time of Child's Birth)	√		
Number of Previous Placement Settings During This Removal Episode	√		

Parent/Guardian Review of Case Plan	√		
Placed By (Child)	√		
Placed From (Child)	√		
Placement (Out of State)	√		
Placement Setting (Current)	√		
Previous Adoptive Placement	√		
Reason for Changes in Case Plan Goal		√	
Reason for Closing (Case)	√		
Reason for Discharge	√	√	
Reason for Placement Changes		√	
Relationship to Adoptive Parents	√		
Removal Date	√		
Removal From Home (Manner of)	√		
Residence at Time of Child's Birth	√		
Service Date			√
Service Duration			√
Service Reason			√
Service Type			√
Services Planned			√
Sibling Group Adopted Together	√		
Siblings in Substitute Care	√		
Special Needs	√		
State Agency Involvement (In Adoption)	√		
Termination Date	√		
Total Number of Removals From Home to Date		√	
Transaction Date (Date of Discharge From Foster Care)		√	

Transaction Date (Date of Latest Removal From Home)	√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - RESOURCE MANAGEMENT

Data Element Name	Facilities Supt.	Foster/Adopt. Supt.	Home Resource Directory	Contract Support
Address (Mail)	√			
Address (Residence)	√			
Capacity		√		
Care Provider Name(s)	√			
Cost Per Purchased Unit of Service				√
Effective Date of Contract End				√
Effective Date of Contract Modification				√
Effective Date of Contract Start				√
Facility Type		√		
Hispanic Origin			√	
Language (Primary)	√			
Language (Secondary)	√			
License	√			
License Date	√			
Maximum (Max) Age		√		
Minimum (Min) Age		√		
Phone Numbers	√			
Race			√	
Service Offered by Provider				√
Service Provider Eligibility Requirements			√	
Service Provider Name	√			

Service Provider Per Diem		√
Sex	√	
Service Provider Services and Assistance	√	
Social Security Number	√	
Training Date	√	
Type of Training	√	
Unit of Purchased Service		√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - COURT PROCESSING

Data Element Name	Court Documents	Notifications	Tracking	Indian Child Welfare Act
Address (Mail)	√			
Address (Residence)	√			
Attorney Name for Selected Hearing	√			
Court Case Number	√			
Court Division	√			
Court Name	√			
Court Type	√			
Hearing Outcome			√	
Hearing Type	√			
Hearings for Selected Court Held			√	
Hearings for Selected Court Scheduled		√		
Judge's Name	√			
Juvenile Court Petition	√			
Last Hearing			√	
Next Hearing		√		
Percent Tribal Affiliation				√
Petition Date	√			
Phone Number(s)	√			
Title IV-E Agreement With Tribe				√
Tribal Affiliation				√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - FINANCIAL MANAGEMENT

Data Element Name	Accounts Payable	Accounts Receivable
Amount of Overpayment		√
Overpayment Received		√
Overpayment Received Date		√
Payment	√	
Payment Authorization	√	
Provider Payment Date	√	
Payment Received		√
Payment Received Date		√
Service Date	√	
Service Duration	√	
Type of Payment Received		√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - ADMINISTRATION

Data Element Name	Staff Management	Reporting*	Administrative Support**
Address	√		
Case Worker	√		
Case Worker ID	√		
Phone Number(s)	√		
Staff ID	√		
Staff Speciality	√		
Training Date	√		
Type of Training	√		

* All of the data elements required to provide AFCARS and NCANDS reports would be listed in this column, as well as any additional elements that States consider necessary for the type of reports they want to produce. The lis t includes many of the data elements identified earlier in this document, and will not be repeated here.

** Administrative support includes hardware and software security. Security is assured by the operator ID, such as the case worker ID. Other types of administrative support, such as archiving and purging, and office automation, do not require special data elements other than and ID.

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTERFACES

Data Element Name	Required Interfaces	Optional Interfaces
A.K.A. Name	√	√
Address (Mail)	√	√
Address (Residence)	√	√
Phone Number(s)	√	√
Phone Number Type	√	√
Social Security Number	√	√
Reference Numbers (e.g., Medicaid, AFDC)	√	√